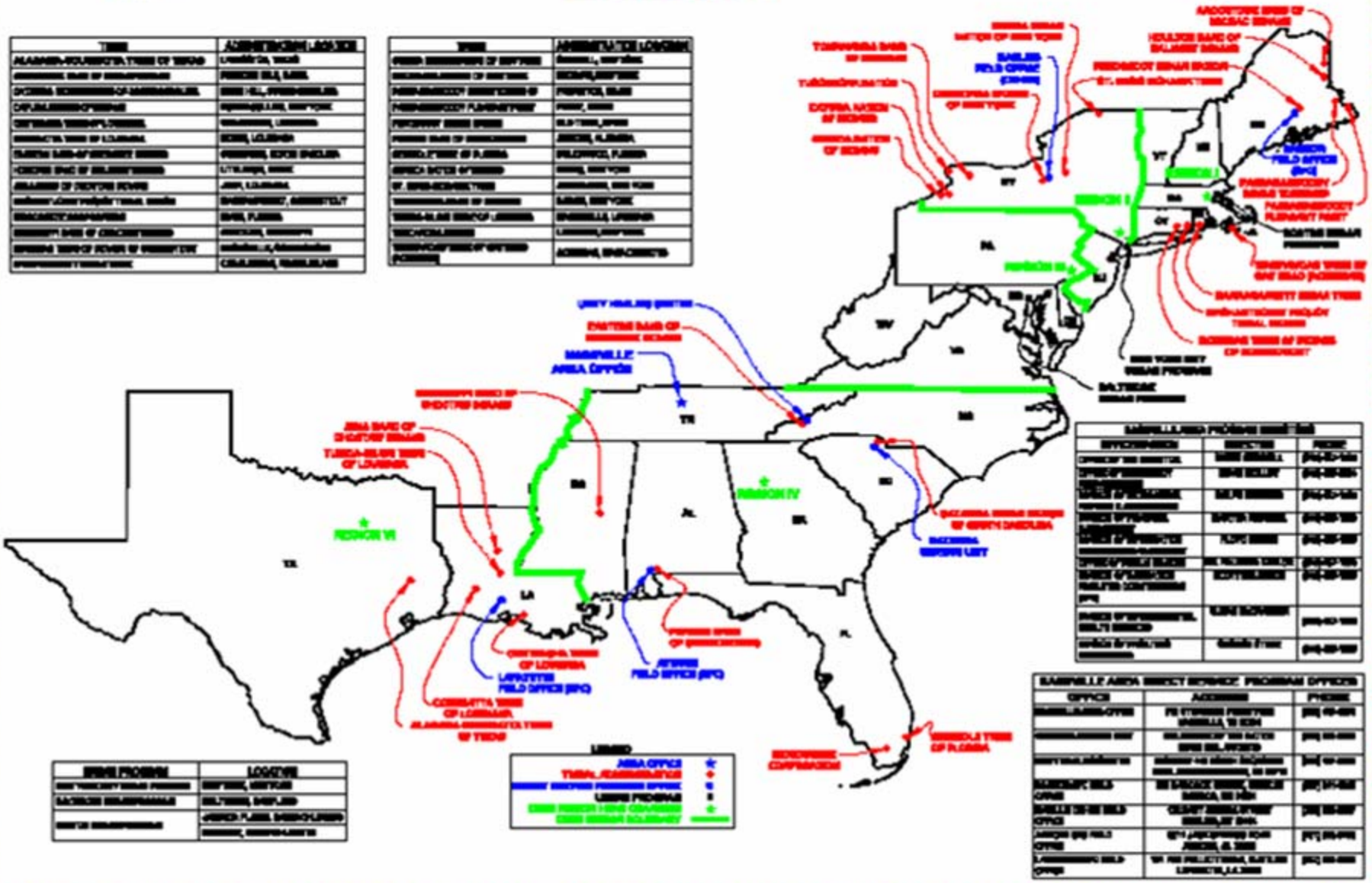
Indian Health Services

And Tribal Health Systems in Maine

Elizabeth Neptune

October 22, 2007

NASHVILLE AREA INDIAN HEALTH SERVICE
TRIBES & PROGRAM OFFICES
APRIL 2006



TRIBE	ADMINISTRATIVE LOCATION
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[illegible]	CHEROKEE, NORTH CAROLINA

TRIBE	ADMINISTRATIVE LOCATION
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OFFICE	ADDRESS	PHONE
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Mic Mic
Maliseet
Penobscot
Passamaquoddy
Penobscot Trust Lands
Penobscot Fee Lands
Pass. Trust Lands
Pass. Fee Lands
Maliseet Tribal Lands
Micmac Tribal Lands
Caribou
Presque Isle
Mars Hill
Houlton
Madawaska
Millinocket
Lincoln
Howland
Dover-Foxcroft
Indian Township
Princeton
Calais
Indian Island
Old Town
Orono
Bangor
Newport
Skowhegan
Farmington
Rumford
Waterville
Augusta
Belfast
Bucksport
Ellsworth
Blue Harbor
Rockland
Lewiston
Brunswick
Bath
Portland
Saco
Eastport
Machias
Maine Indian Land
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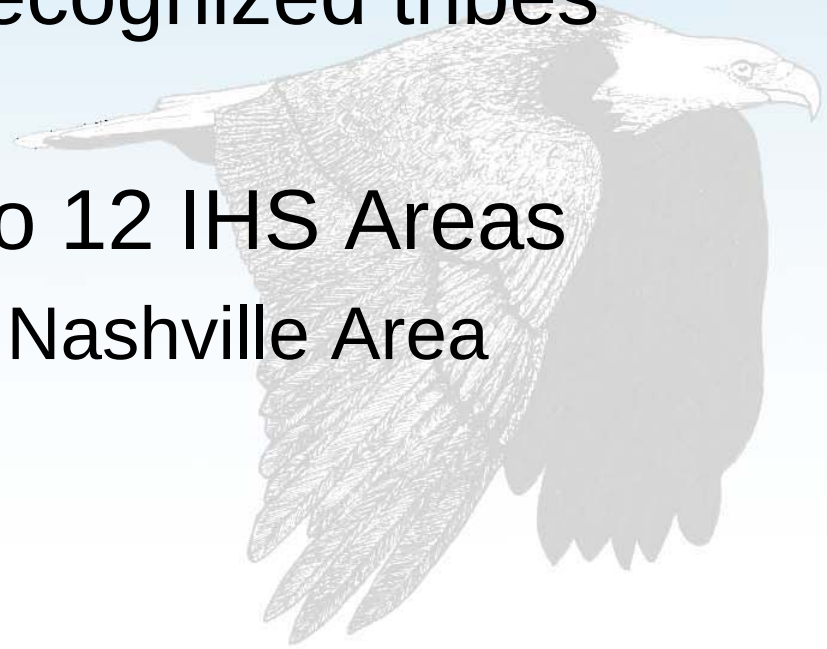
Penobscot Cultural & Historic Preservation

IHS 101

- IHS was established in July,1955.
- Currently providing health care to 1.8 million Native Americans that are enrolled in the 561 federally recognized tribes nation wide.
- The US is divided into 12 IHS Areas
  - Maine falls within the Nashville Area



Indian Health Service
I/T/U

Broken into three types of health programs:

Indian Health Service – Federally operated Facilities

Tribally Operated Facilities – Established under PL 93-638, Indian Self-Determination Act

Urban Health Programs – Established under the Indian Health Care Improvement Act

Indian Health Care in Maine

- 5 Ambulatory health centers
  - Mic Mac Service Unit – A federally operated health center
  - Houlton Band of Maliseet Health Department
  - Indian Township Health Center
  - Pleasant Point Health Center
  - Penobscot Nation Health Department

Funding

- Indian Health Service is funded with discretionary funds each year
  - Funded at 60% level of need
  - Appropriations have not kept up with costs of inflation or population growth.
  - It has become increasingly difficult to provide a continuous level of health care to the Native American Population.

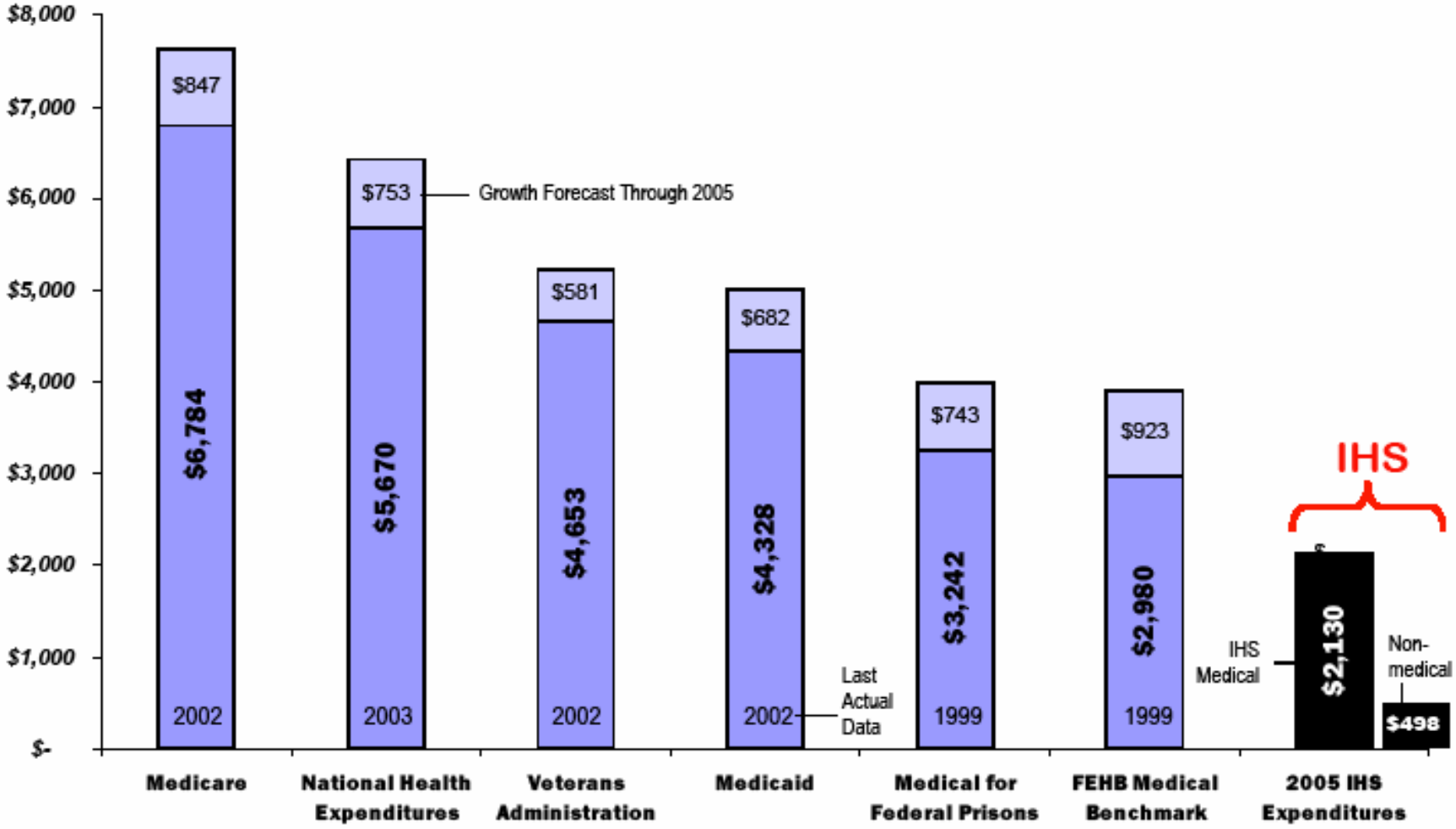
MORTALITY DISPARITIES RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area
1996-1998 to 2001-2003 and U.S. All Races 1997 and 2002
(Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2001-2003	U.S. All Races Rate – 2002	Ratio: AI/AN to U.S. All Races	AI/AN Rate 1996-1998	U.S. All Races Rates -1997	Ratio: AI/AN to U.S. All Races
ALL CAUSES	1042.2	845.3	1.2	1070.8	888.5	1.2
Alcohol induced	43.6	6.7	6.5	45.0	7.3	6.2
Breast Cancer	15.4	25.6	0.6	19.8	28.9	0.7
Cerebrovascular	54.7	56.2	1.0	62.8	65.6	1.0
Cervical Cancer	4.4	2.6	1.7	5.2	3.2	1.6
Diabetes	75.2	25.4	3.0	77.8	24.2	3.2
Heart Disease	234.5	240.8	1.0	272.4	278.1	1.0
HIV Infection	3.2	4.9	0.7	3.3	6.5	0.5
Homicide (assault)	12.7	6.1	2.1	12.9	7.3	1.8
Infant Deaths[1]	9.8	7.0	1.4	8.9	7.2	1.2
Malignant Neoplasm	181.8	193.5	0.9	187.5	207.9	0.9
Maternal Deaths	12.7	8.9	1.4	7.8	8.4	0.9
Motor Vehicle Crashes	51.1	15.7	3.3	43.1	13.9	3.1
Pneumonia/Influenza	33.3	22.6	1.5	31.3	23.5	1.3
Suicide	17.1	10.9	1.6	18.0	11.4	1.6
Tuberculosis	1.8	0.3	6.0	2.0	0.4	5.0
Unintentional Injuries	93.8	36.9	2.5	98.7	37.3	2.6

[1/] Infant deaths per 1,000 live births.
NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. ICD-10 codes were introduced in 1999; therefore, comparability ratios were applied to deaths for years 1996-1998. Rates are based on American Indian and Alaska Native alone; 2000 census with bridged-race categories.

2005 IHS Expenditures Per Capita Compared to Other Federal Health Expenditure Benchmarks

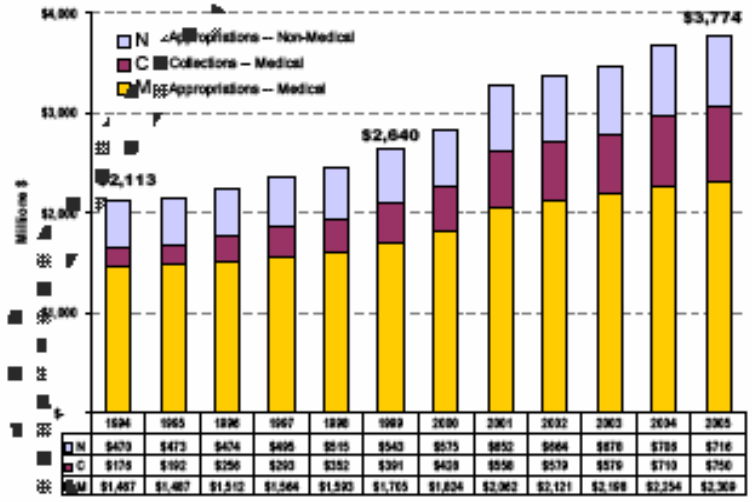


See notes on reverse for data sources and forecast assumptions.

January 2006

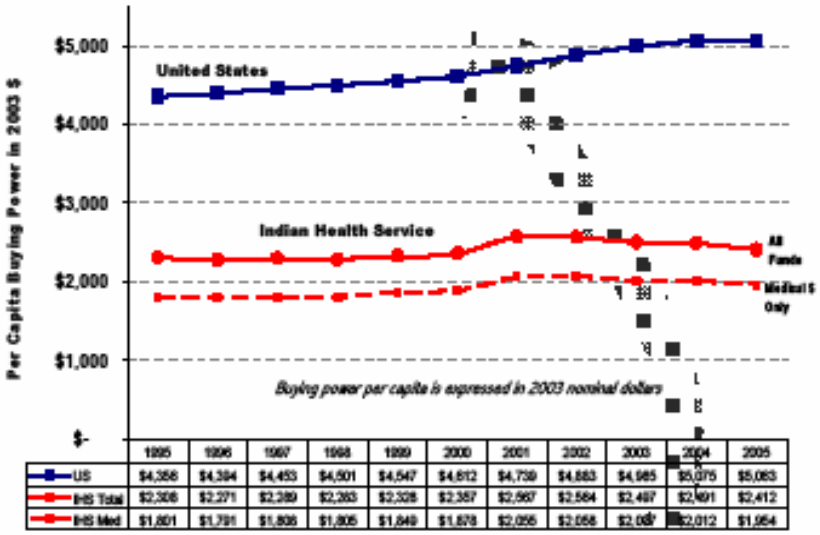
Trends in Revenue, Costs, Users, & Buying Power Per Patient

IHS Revenues Grew by 75% . . .

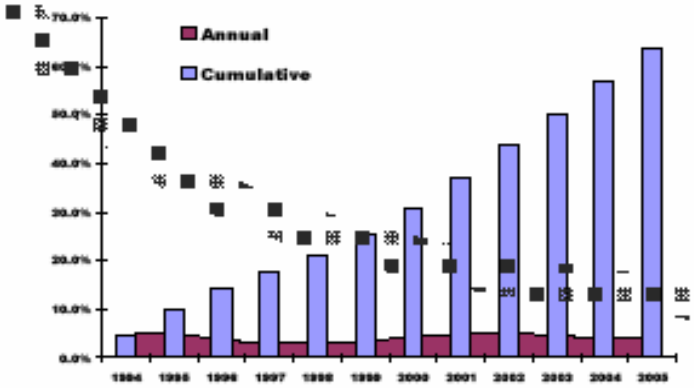


	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
N	$470	$473	$474	$495	$515	$543	$575	$652	$664	$678	$709	$716
C	$176	$192	$256	$293	$352	$391	$438	$558	$579	$579	$710	$758
M	$1,467	$1,487	$1,512	$1,564	$1,593	$1,705	$1,824	$2,062	$2,121	$2,198	$2,254	$2,309

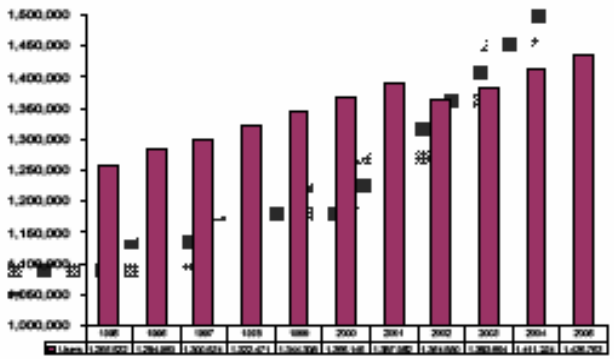
Which Resulted in Flat Buying Power Per Individual Patient.



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
US	$4,358	$4,394	$4,453	$4,501	$4,547	$4,612	$4,739	$4,883	$4,985	$5,075	$5,083
IHS Total	$2,308	$2,271	$2,289	$2,293	$2,328	$2,357	$2,557	$2,564	$2,487	$2,491	$2,412
IHS Med	$1,801	$1,791	$1,806	$1,805	$1,849	$1,878	$2,055	$2,058	$2,007	$2,012	$1,954



while Inflation Grew by 56% . . .



and # of Users Grew by 14% . . .

IHS Provides 2 types of Services

- Direct Healthcare Services: Onsite services provided at an I/T/U

- Contract Health Services: Services delivered by a non-I/T/U facility or provider through contracts.

What is Contract Health Services?

- Special money allocated by Congress to use specifically for patient care not covered by other programs.
- CHS are provided principally for members of federally recognized tribes who reside on or near the reservation established for the local tribe(s) in geographic areas called contract health service delivery areas (CHSDAs) .
- The eligibility requirements are stricter for CHS care than for direct services.

CHS funds are used in situations where:

- 1) No IHS direct-care facility exists,
- 2) The direct care facility is incapable of providing the required emergency and/or specialty care.
- 3) The direct care facility has an overflow of medical care workload.
- 4) To supplement alternate resources.

Contract Health Care

- CHS is not an entitlement program such as Medicare.
- CHS is not an insurance program.
- CHS is not an established benefit package.

Who is eligible for CHS?

- Those members of federally recognized tribes as determined by the local I/T/U.
- Non-Indian woman pregnant with an eligible Indian's child—during pregnancy and 6 weeks post partum.
- Must reside on the reservation/territory located within the CHSDA. (Exemptions include full-time students, children in foster care, close social and economic ties, and 180 day coverage for those members who have moved away.)

CHS Eligibility (Continued)

- Services must fall within the established medical priorities.
- Must exhaust alternate resources* because federal law requires that IHS is payor of last resort.

*Alternate Resources include: Medicaid, Medicare, Private Insurance, Other 3rd party resources.

CHS Eligibility (Continued)

- In “emergency cases” the patient must notify the respective CHS office within 72 hours after the beginning the treatment or after admission to a non-I/T/U facility.

What are the medical priorities?

I. Emergent/Acutely Urgent Care – Services necessary to prevent the immediate death or serious impairment of the health of an individual.

II. Preventive Care Service – Primary health care aimed at the prevention of disease or disability. When a person needs something to keep them from moving to level 1.

III. Primary Secondary Care Services – Inpatient and outpatient care services care services that have a significant impact on morbidity and mortality.

IV. Chronic Tertiary and Extended Care Services – in-patient and outpatient care services that are not essential for (1) initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, elective, and often require tertiary care facilities.

CHSDA & Medical Priorities for I/T Health Centers in Maine

- Mic Mac Service Unit
  - CHSDA : Aroostook County
  - Eligibility: Follow standard CHS Policies for IHS
  - Priority Levels:
    - Medical- I and II
    - Optometry – I, II, III
    - Dental - I

CHSDA & Medical Priorities for I/T Health Centers in Maine

- Houlton Band of Maliseet Indians
  - CHSDA: Aroostook County
  - Eligibility: Maliseet members only
  - Priority Level:
    - All categories: I and limited II

CHSDA & Medical Priorities for I/T Health Centers in Maine

Indian Township Health Center

- CHSDA: Washington County – North of Route 9 and Aroostook County
- Eligibility: Passamaquoddy Tribal Members, and members of other federally recognized tribes residing on the reservation.
- Priority Level: I

CHSDA & Medical Priorities for I/T Health Centers in Maine

- Pleasant Point Health Center
  - CHSDA : Washington County – South of US Rte. 9 to Millbridge, ME.
  - Eligibility: Passamaquoddy Tribal Members and members of other federally recognized tribes residing on the reservation.
  - Priority Level – I and limited II (based on case management review).

CHSDA & Medical Priorities for I/T Health Centers in Maine

- Penobscot Nation Health Department
  - CHSDA: Penobscot and Aroostook Counties
  - Eligibility: Penobscot Members and descendents (after age 19, the descendent must reside on the reservation to be eligible for services).
  - Priority Level:
    - » I and II
    - » III for those over 60 years and some chronic illnesses.

What is not covered by CHS?

- Services or supplies furnished by any other program/s.
- Nursing home care.
- Abortions.
- Procedures that are strictly Cosmetic.
- Burials and related expenses
- Housekeeper and companion services

*This is not an exhaustive list.

- CHS payments are authorized based on clearly defined guidelines and eligibility criteria and are subject to the availability of funds. The IHS and/or Tribal Health Centers cannot guarantee that funds are always available.

Wrap up….

- Questions
- Comments
- Discussion
- Further information:
  - www.ihs.gov
  - Elizabeth.Neptune@ihs.gov
  - Phone: 207-214-6524